

GENERAL FACT SHEET

BILL NUMBER 04-38

BRIEF TITLE	APPROVED DEADLINE	REASON
Request to amend 2.76.040		

DETAILS

POSITIONS/RECOMMENDATIONS

<p>To amend the definitions section of the Personnel Code to allow police trainees to participate in the City's health care plan.</p>	Sponsor	Personnel/Police
	Program Departments, or Groups Affected	Police
	Applicants/ Proponents	<p>Applicant Don Taute</p> <p>City Department Personnel</p> <p>Other Jim Peschong, Police</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>Due to the length of the training requirements and subsequent probationary period for police officer applicants, police trainees do not become eligible until well after the 90 day period, after hire, for other employees. A number of applicants choose not to proceed with the hiring process because paying the full cost of health insurance for the longer period is cost prohibitive.</p>	Opponents	<p>Groups or Individuals N/A</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	<p>BY Personnel Board</p> <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/>	
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:	\$
COST of this Ordinance/ Resolution		\$	
RELATED annual operating Costs		\$	
	INCREASE REVENUE EXPECTED/YEAR	\$	
SOURCE OF FUNDS	CITY [Approximately]		
		\$	____%
		\$	____%
		\$	____%
		\$	____%
		\$	____%
	NON CITY [Approximately]		
		\$	____%
		\$	____%
		\$	____%
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot		\$ _____	\$ _____

APPLICABLE DATES: March 1, 2004

FACT SHEET PREPARED BY: Don Taute

REVIEW BY: *Don Taute*

REFERENCE NUMBER